

SERFF Tracking Number:	WAUS-125751730	State:	Arkansas
First Filing Company:	Employers Insurance Company of Wausau, ...	State Tracking Number:	EFT \$50
Company Tracking Number:	IMF-CW-009-08		
TOI:	09.0 Inland Marine	Sub-TOI:	09.0005 Other Commercial Inland Marine
Product Name:	Commercial Inland Marine Guide		
Project Name/Number:	Waiver of Theft Deductible Endorsement/IMF-CW-009-08		

Filing at a Glance

Companies: Employers Insurance Company of Wausau, Wausau Business Insurance Company, Wausau Underwriters Insurance Company

Product Name: Commercial Inland Marine Guide	SERFF Tr Num: WAUS-125751730	State: Arkansas
TOI: 09.0 Inland Marine	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 09.0005 Other Commercial Inland Marine	Co Tr Num: IMF-CW-009-08	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins
	Author: Barbara Karlen	Disposition Date: 08/08/2008
	Date Submitted: 08/07/2008	Disposition Status: Approved
Effective Date Requested (New): 11/01/2008		Effective Date (New): 11/01/2008
Effective Date Requested (Renewal): 11/01/2008		Effective Date (Renewal): 11/01/2008

State Filing Description:

General Information

Project Name: Waiver of Theft Deductible Endorsement	Status of Filing in Domicile:
Project Number: IMF-CW-009-08	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 08/08/2008	
State Status Changed: 08/08/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	
PROJECT # IMF-CW-009-08	

EMPLOYERS INSURANCE COMPANY OF WAUSAU NAIC 0111-21458
 WAUSAU UNDERWRITERS INSURANCE COMPANY NAIC 0111-26042
 WAUSAU BUSINESS INSURANCE COMPANY NAIC 0111-26069

SERFF Tracking Number: WAUS-125751730 *State:* Arkansas
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INLAND MARINE

WAIVER OF THEFT DEDUCTIBLE

REQUESTED EFFECTIVE DATE: 11-01-2008

The above captioned companies file EW0307 11-08 Waiver of Theft Deductible for your review and acknowledgment / approval.

The purpose of this endorsement is to waive up to \$10,000 of the deductible if the equipment is registered with the National Equipment Register (NER). This is a new optional endorsement, which broadens coverage.

I look forward to your acknowledgement/approval of this filing request.

Barbara Karlen
State Filings Analyst
Wausau Insurance Companies
PO BOX 8017
WAUSAU WI 54402-8017
1-877-792-8728, Ext. 8983
Fax: 1-715-842-6828
Barbara.Karlen@wausau.com
Enclosure

Company and Contact

Filing Contact Information

Barbara Karlen, State Filings Analyst
PO BOX 8017
Wausau, WI 54402-8017

Barbara.Karlen@wausau.com
(877) 792-8728 [Phone]
(715) 842-6828[FAX]

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Product Name: Commercial Inland Marine Guide
Project Name/Number: Waiver of Theft Deductible Endorsement/IMF-CW-009-08

Filing Company Information

Employers Insurance Company of Wausau	CoCode: 21458	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 39-0264050	

Wausau Business Insurance Company	CoCode: 26069	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 36-3522250	

Wausau Underwriters Insurance Company	CoCode: 26042	State of Domicile: Wisconsin
P O Box 8017	Group Code: 111	Company Type:
Wausau, WI 54402-8017	Group Name:	State ID Number:
(877) 792-8728 ext. [Phone]	FEIN Number: 39-1341459	

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Product Name: Commercial Inland Marine Guide
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Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: \$50.00 form filing
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Employers Insurance Company of Wausau	\$50.00	08/07/2008	21839583
Wausau Business Insurance Company	\$0.00	08/07/2008	
Wausau Underwriters Insurance Company	\$0.00	08/07/2008	

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	08/08/2008	08/08/2008

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Disposition

Disposition Date: 08/08/2008
Effective Date (New): 11/01/2008
Effective Date (Renewal): 11/01/2008
Status: Approved
Comment:

Rate data does NOT apply to filing.

Overall Rate Information for Multiple Company Filings

Overall Percentage Rate Indicated For This Filing	0.000%
Overall Percentage Rate Impact For This Filing	0.000%
Effect of Rate Filing-Written Premium Change For This Program	\$0
Effect of Rate Filing - Number of Policyholders Affected	0

<i>SERFF Tracking Number:</i>	<i>WAUS-125751730</i>	<i>State:</i>	<i>Arkansas</i>
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Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Waiver of Theft Deductible	Approved	Yes

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Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Waiver of Theft Deductible	EW0307 11-08	11-08	Endorsement/Amendment/Conditions		0.00	Waiver of Theft Deductible End.pdf

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

Waiver Of Theft Deductible

This endorsement modifies insurance provided under the following:

CONTRACTORS EQUIPMENT COVERAGE CONTRACTORS EQUIPMENT COVERAGE SCHEDULED EQUIPMENT FORM

The following is added to What Must Be Done In Case Of Loss and How Much We Pay:

Waiver of Deductible

We will waive the deductible provisions of this policy with respect to “loss” by theft of “Contractors Equipment” if you have done all of the following:

- 1) "Properly registered" the stolen “covered property” with the National Equipment Register prior to the theft of such property and NEW warning decals have been added to the registered equipment;
- 2) Reported the theft to the local law enforcement agency having jurisdiction as soon as you became aware of the theft; and
- 3) Reported the claim to “us” in accordance with terms and conditions of this policy.

This waiver of deductible will apply up to \$10,000 for each “occurrence” of theft to “Contractors Equipment” occurring during the “policy period”. If your policy deductible is greater than \$10,000 you will be responsible for the deductible in excess of \$10,000. If you have not complied with all of the above your policy deductible applies.

We will provide the benefits of this endorsement for newly acquired equipment purchased during the policy period for 60 days from the date of purchase. If after 60 days the equipment is not reported to NER, this endorsement will not apply.

Definitions

For purposes of this endorsement:

“Properly Registered” means providing National Equipment Register (NER) with the specific manufacturer, model number, serial number, and year manufactured either through your on-line entry of this information in the NER web site www.NERusa.com, or sending this information directly to NER.

All other terms and conditions remain unchanged.

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Supporting Document Schedules

Satisfied -Name:	Uniform Transmittal Document- Property & Casualty	Review Status: Approved	08/08/2008
Comments:	Transmittal Document		
Attachment:	AR Transmittal Document .pdf		

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only <table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td colspan="2">a. Date the filing is received:</td></tr> <tr><td colspan="2">b. Analyst:</td></tr> <tr><td colspan="2">c. Disposition:</td></tr> <tr><td colspan="2">d. Date of disposition of the filing:</td></tr> <tr><td colspan="2">e. Effective date of filing:</td></tr> <tr> <td style="width: 60%;">New Business</td> <td></td> </tr> <tr> <td>Renewal Business</td> <td></td> </tr> <tr><td colspan="2">f. State Filing #:</td></tr> <tr><td colspan="2">g. SERFF Filing #:</td></tr> <tr> <td>h. Subject Codes</td> <td></td> </tr> </table>	a. Date the filing is received:		b. Analyst:		c. Disposition:		d. Date of disposition of the filing:		e. Effective date of filing:		New Business		Renewal Business		f. State Filing #:		g. SERFF Filing #:		h. Subject Codes	
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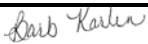
3. Group Name	Group NAIC #
Wausau Insurance Companies	111

4. Company Name(s)	Domicile	NAIC #	FEIN #	State #
Employers Insurance Company of Wausau	WI	21458	39-0264050	
Wausau Underwriters Insurance Company	WI	26042	39-1341459	
Wausau Business Insurance Company	WI	26069	36-3522250	

5. Company Tracking Number	IMF-CW-009-08
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Barbara Karlen	State Filings Analyst	877-792-8728 Ext 8983	715-842-6828	barbara.karlen@wausau.com

7. Signature of authorized filer	
8. Please print name of authorized filer	Barb Karlen

Filing information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	09.0 Inland Marine
10. Sub-Type of Insurance (Sub-TOI)	09.0000 Inland Marine
11. State Specific Product code(s) (if applicable)[See State Specific Requirements]	Inland Marine Guide
12. Company Program Title (Marketing title)	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14. Effective Date(s) Requested	New: 11-01-2008 Renewal: 11-01-2008
15. Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16. Reference Organization (if applicable)	
17. Reference Organization # & Title	
18. Company's Date of Filing	08-07-2008
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document—

20. This filing transmittal is part of Company Tracking #	IMF-CW-009-08
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21. Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]
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PROJECT # IMF-CW-009-08

EMPLOYERS INSURANCE COMPANY OF WAUSAU	NAIC 0111-21458
WAUSAU UNDERWRITERS INSURANCE COMPANY	NAIC 0111-26042
WAUSAU BUSINESS INSURANCE COMPANY	NAIC 0111-26069

INLAND MARINE

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 Fax: 1-715-842-6828
 Barbara.Karlen@wausau.com
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22. Filing Fees (Filer must provide check # and fee amount if applicable) [If a state requires you to show how you calculated your filing fees, place that calculation below]

Check #: EFT
Amount: 50.00

\$50.00 Form filing.

Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.

Effective March 1, 2007

*****Refer to the each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)**